

# ● PRINTER RUSH ●

## (PTO ASSISTANCE)

Application : 09/940539

Examiner : Easthom

GAU : 2832

From : PAP

Location : (IDC) FMF FDC

Date : 9/1/05

Tracking # : EPM 09/940539 Week Date : 6/20/05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	<u>11/23/04</u>	<input type="checkbox"/> Document Legibility
<input checked="" type="checkbox"/> IIFW	<u>6/14/05</u>	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Renumbered claim 5 (original claim 7)  
depends on cancelled original claim 94.

Thank you.

[XRUSH] RESPONSE: \_\_\_\_\_

**INITIALS:**

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04